

HEALTHCARE

The Life of the party

Keep the momentum long after the event ends



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By Jan Wood, CFRE

By using a strategic approach to convert guests into major donors, Anne Arundel Medical Center boosted success rates at foundation events.

- Overcoming barriers to physician engagement By Michael Delzotti, CFRE, CSPG, and Joe K. Golding Consider these five strategies to connect with physicians and understand philanthropy from their perspective.
- What the aging population means for health care and philanthropy

By Steven A. Reed

As baby boomers age, averting a health care crisis will depend on innovation and increased financial resources. Philanthropy holds the key.

Peer-to-peer fundraising and crowdfunding in health care philanthropy

By Vanessa Granville, MBA

Peer-to-peer fundraisers not only deepen relationships with your organization, they also build a community of supporters who back your mission.

Launching a grateful grandparents fund By Kathy Rubino

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Healthcare Philanthropy will be an authoritative resource for health care development professionals by providing a timely, informative and insightful collection of literature that will raise the standard of individual and organizational performance. Serving as the premier forum for health care philanthropy literature, Healthcare Philanthropy will educate, empower and inspire development professionals and, thereby, help strengthen the case for philanthropic support and the mission of AHP.



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FROM THE CHAIR

Growing to meet greater challenges and demands

The past few years have paved the way for exciting changes in and around our great association. Through the efforts of many—especially our new President and Chief Executive Officer, Steve Churchill—I now have the privilege on behalf of the board of directors to say that AHP has successfully started another chapter. In January, we began the first steps of a new three-year strategic plan.

Inspired by feedback from hundreds of AHP members, this expansive new roadmap will broaden the educational content, engagement opportunities and learning platforms of our association. The work we do as development professionals is in greater demand than ever, and AHP is growing with that demand.

Here is what you can expect from AHP in 2016 and

- New research on some of the most critical topics in our industry.
- Resources like toolkits and trend reports that you can easily apply at your organization.
- Access to thought leaders and best practices.
- A trusted voice, curating the noise and bringing you the most helpful articles from across the profession.
- Partnerships with key leaders from other **Continued**

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organizations to extend our reach and increase our impact.

• An expanded range of volunteer opportunities.

To accomplish these new initiatives, AHP has realigned its professional staff and recruited outstanding new leaders to join an already impressive team. In addition, we are establishing new committees to support the evolving wants and needs of our diverse membership.

The updated logo and visual identity you see in this journal and other AHP materials represents our commitment to progress. Future plans include moving our headquarters closer to Washington, D.C. This will facilitate interaction and collaboration with members, other national and international associations, and important stakeholders—which is key to our future ambitions and growth.

All these actions support one goal: providing more resources,

benefits, professional networking opportunities and overall value to AHP members. The board of directors is dedicated to making this goal a reality. We look forward to working with the outstanding team at AHP and with member volunteers to ensure that your experience with this association is something you treasure.

Thanks for all you continue to do for AHP—and for the great and growing profession we so proudly represent together.



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AS I SEE IT

Tapping boomer talents and generosity

aby boomers are often called the "me" generation, but they may soon be known as the giving generation. According to a recent study by Merrill Lynch and Age Wave—Giving in Retirement: America's Longevity Bonus boomers are projected to donate more than \$6 trillion in cash and \$1 trillion in volunteer services as they retire over the next 20 years.

This is an unprecedented opportunity to get them involved and invested in your organization, but it won't be business as usual.

Research shows that boomers are more likely than prior generations to want to know how their donations will be used before they give, so be prepared to provide more information and involvement.

It also makes sense to provide more volunteer opportunities for boomers. The transition to retirement is not expected to slow down this driven generation, and volunteerism is a terrific way to get them on board now with your cause. It can be a powerful prospecting tool and a faster way to form strong connections than annual giving.

Studies indicate that boomers who engage in professional volunteer activities are more likely to keep volunteering over the years than those who stuff envelopes and answer phones. Take a good look at how to put their talents and expertise to use in your organization.

Experts recommend that you first identify volunteer roles and the specific skills necessary to execute them. Boomers are looking for opportunities that are challenging and flexible, provide unique experiences and allow them to serve with family and friends. They are accustomed to working on committees and they tend to enjoy team efforts, such as coordinating events.

Make opportunities to volunteer just as prominent on your website as making a donation. Find the boomers in your database and create special mailings and special events. Add volunteer information that targets boomers to all of your donor communications. What methods have you used to successfully engage this generation? Let us

Volunteerism can be a powerful prospecting tool and a faster way to form strong connections than annual giving.

know in the AHP Huddle at connect.ahp.org.

With the trillions of dollars expected to be donated in the next couple of decades—and the enormous financial strain aging boomers will eventually place on the health care system—it makes sense to find ways to encourage volunteerism that could lead to considerable monetary gifts.

For more information on aging boomers and what they mean for health care organizations and health care philanthropy, see the articles on pages 24 and 36. We hope you enjoy this issue of Healthcare Philanthropy. 🔤



Watch full interview clips and more online at

www.ahp.org/next

A noble cause



"Philanthropy is great for those who benefit from the gift, but it's better for the person who makes the gift. What a great joy to work every day asking people to join us in something that's noble. That requires a couple things of us: It does require integrity, and it demands excellence of us."

Eddie Thompson, Ed.D., FCEP Thompson & Associates Nashville, Tenn.

Engaging physicians





"We work in an industry that's driven by data. You can talk to a physician all day long about what you're doing in fundraising, but they pay attention when you've got data to back it up because that's how they have gotten where they are. They live by data, they live by results."

Mendal Bouknight **Piedmont Health Foundation** Atlanta, Ga.

A seat at the table



"It's important that we make a true business case for the importance of investing in philanthropy and really help our leaders understand that we would like to be part of the engine for transformation. For us to make this transformation and to truly lower the costs, improve the quality and improve the access for folks across this country, we are absolutely going to need to change the way that we fundraise, and as fundraisers we're going to absolutely need to be at the table to help provide those resources."

Amy Day Presence Health Foundation Chicago, III.

The value of your work



"CEOs are looking for income streams. Typically, a foundation in a hospital can be the highest return-on-investment income stream in the entire organization. We have to look at ourselves in a different way and understand that we are a strategic imperative; we are no longer a value add."

David L. Flood Intermountain Healthcare Salt Lake City, Utah

Creating hope



"The fundamental value of philanthropy in my mind is hope. Through philanthropy we are able to participate in the creation of hope...made manifest when we're able to tell people what will be different as a result of their participation. That to me is the core of what we do; it's telling an effective story that evokes a response in people and motivates them to take action."

Grant Stirling, Ph.D. SickKids Foundation Toronto, Ontario



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PASSION IN...

Board Recruitment

"A board engagement paradigm rooted in purpose presents a recruitment issue. If board members join at the direction of their employer, to pad their resume, to seek business leads or out of any other form of self-interest, connecting to purpose will not motivate them. The aim to serve must be outward-focused and consistent with each member's core values, passion, and purpose. That's because 'passion for mission' is a basic quality on the level of someone having blood running through their veins."

Betsy Chapin Taylor, FAHP

Principal, Accordant Philanthropy

Case Statements

"Few fund development leaders want to see themselves as arguing a case or persuading someone to do something. That's a lawyer's job, not a fundraiser's job. The giving officer's role is to help donors identify and achieve their dreams, to help them make a mark on the world that brings them pride and personal fulfillment and to tap into those passions that inspire them to make an impact.

"No one can deny the importance of the mechanics of creating the statement itself. Those mechanics support the tone and ensure a donor feels confident about the validity of the vision and its ability to yield results that have real impact. But a successful case statement is much more than an intellectual, cerebral communication tool. It is a 'passion paper' that, like the act of giving itself, touches the heart and the imagination."

Jan Wood, CFRE

President, AAMC Foundation, and Chief Development Officer, Anne Arundel Medical Center

Capital Campaigns

"To organize a positive campaign, you need to truly impassion the entire organization about the need for philanthropic investment. You need to empower all hospital employees to get involved, showing them how their work impacts the hospital and the community. The entire hospital staff, not just the fundraisers, must be passionate in order for the community to be passionate and to deploy that passion through giving. Promote, recognize and celebrate employee acts of passion for the campaign.

"Finding donors' passions is the key to getting them to invest. Donors give when they have an emotional stake in, or philanthropic passion for, the mission of the hospital. Fundraisers have often been described as matchmakers because they strive to build relationships that will be long-lasting and mutually satisfying. Good fundraisers are donor-centered, supportive and caring. Really talented fundraisers bring donors together with hospital priorities during a campaign. They learn about a donor's passions and match them with campaign priorities."

Bill Mountcastle, MPA

Founder and President, Health Philanthropy Services Group LLC

Read more about these topics and other critical issues in AHP's book Redefining Healthcare Philanthropy (2014, 217 pages, \$24.95). Order at www.ahp.org/redefiningbook.



Tamra Von Schroeck Senior Director of Operations & Finance, Philanthropy Dignity Health Phoenix, Ariz.

THE POWER OF INSIGHT

The importance of benchmarking for sustainable growth

"Dignity Health's system office provides support to its 31 affiliated fundraising foundations. We are often asked for assistance and justification related to the need for increased staffing levels at the foundations, and for input into the multiyear strategic plans that are thoughtfully developed by each of the foundations.

"The data that is derived from our participation in AHP's Performance Benchmarking Service has formed the basis for better decision-making for fundraising efforts throughout Dignity Health, and has helped us intelligently plan for our future's much-needed sustainable growth in philanthropy."

Learn more about the AHP Performance Benchmarking Survey and the AHP Report on Giving, and sign up today, at www.ahp.org/reportongiving.

Life of the Party

A systematized approach for converting event guests to donors

ou've seen it before. Your hospital or organization pulls off a highly successful event, with hundreds of people who clearly embrace your mission and are happy to spend hundreds or even thousands of dollars on event tickets, auction items, raffles and the "call for the cause." It's a great night.

But a week later you've lost momentum with 95 percent of your guests. Sure, your team walked away with a handful of new prospects with whom you should follow up. But the reality is you will not connect with dozens of others who could become new major donors if you had a system in place to make it happen.

You know what needs to be done. But for whatever reason—lack of time, preoccupation with chasing the next gift—you have not developed a way to operationalize the work you must complete before, during and after the event to successfully convert guests to long-term donors.

At Anne Arundel Medical Center (AAMC), our gala has become the 12th largest fundraising event in Maryland—this year on target to raise \$1 million with



1,200 guests. However, our success rate in converting guests and new faces into traditional donors has historically been about one half of one percent. We knew we could do better. And frankly, we had to do better to grow our foundation to the level needed by our health system.

We asked ourselves this simple question: "Why do we fail year after year, event after event?"

Applying principles of strategic planning

The AAMC Foundation has a staff of 11,

including five part-time and full-time team members who work directly with donors in either giving or stewardship capacities. We also have a full-time event planner who coordinates details and logistics for all foundation and major hospital events, allowing our giving team to focus on fostering relationships with potential donors.

Besides the gala, the foundation holds up to 20 other events each year, ranging from our annual golf tournament to our holiday party, dinners and small gatherings. In the past, those events yielded a conversion rate of about 5 percent. We knew we could do better there, too.

We have a quality team and we know how to cultivate donors, so neither of those were the problem. On reflection, we realized we had not developed a strategic approach for identifying, researching, cultivating and converting prospects. The way we worked was too informal: "Let's talk about the event a little beforehand, see who we meet and then talk about who we met."

In other words, our failure came down to a lack of:

- Strategic goals and objectives for each event.
- Metrics.
- A consistent plan for preparing for and following up on donor cultivation.
- Systematized measurement and analysis.

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By marrying a comprehensive Moves system with key metrics, we now have a formalized and strategic approach for cultivating guests and transitioning them into major donors. We no longer work in an opportunistic, random way.

We used to hold events for two main purposes: to raise a lot of money and to bring new people into the organization. But in today's world where donors are smart, sophisticated, demanding (that's not a bad thing) and courted by hundreds of great causes, those goals are no longer enough.

With my background in strategic planning, it occurred to me that we needed to impose a strategic planning framework on our efforts for each event. It is standard practice for us to develop a five-year strategic plan for the foundation—including vision, actions, analysis and goals—but we had not been doing the same for events. We agreed on the following:

- Each event's plan would include goals with specific metrics that support our foundation's strategic plan.
- We needed a more directed approach to setting event goals. An old goal would have been, "Sell 500 tickets to the event." Our new goal became, "Attract 30 percent of guests who have never made a gift of \$1,000 or more to our hospital."

• Even more important, our new event goals needed to feed our team's annual goals. For example: "Each giving officer needs to identify, research and connect with 10 new prospects during the course of the event."

However, meeting new people would not be enough. We needed to transform the event experience from merely introducing attendees to our organization and staff to launching meaningful donor relationships. To do this, we needed a formal system that incorporates a pre-event strategy for identifying, researching and cultivating our target guests.

Framework for success

In 2015, the AAMC Foundation launched a systematized approach to events that adheres to the basic framework described below.

Research and prospect identification. Three to four weeks prior to the event (once the guest list is close to complete), we conduct a wealth screening of all guests on the list who are not active donors to identify people who:

- Have demonstrated an interest in health care or health care nonprofits through their giving history.
- Have the capacity to be major donors.
- Have a connection to the AAMC health system (such as a grateful patient) or a connection to a foundation leader (such as a board member, major donor, etc.).

Our goal is to identify as many viable major donor prospects as possible, while being selective to ensure the highest conversion rate. For example, someone may have the capacity to donate \$100,000. But if his or her history shows he or she only gives to arts organizations, that individual may not be a good prospect for us.

Also, we look at how many meaningful connections each giving officer can realistically make in the course of the event. If we realize we can reach 20 people over the course of an event as a group, then that becomes our target number. Our next step is to prioritize the potential major donors and assign them to our team members.

Moves B meeting. Armed with the list of major donor prospects we identified from our wealth screening, we gather in what we call our "Moves B" meeting. Unlike the traditional Moves meeting where you plan steps for cultivating each prospect (which we call "Moves A"), Moves B focuses solely on events both those coming up and those recently held.

At the Moves B meeting, giving officers do the following:

- Report on their progress in cultivating guests from previous
- Examine the list of guests for an upcoming event who have been

A case study in successful guest cultivation

In July 2015, our team noted that the Pucinis (name changed to protect privacy) were attending an event to raise funds for an endowment in honor of a former hospital board chair who died suddenly. The Pucinis were very close friends with the deceased chair, so we felt confident about the strong potential for a major aift. The Pucinis had been major donors at Anne Arundel Medical Center (AAMC) before, but they had not made a gift larger than \$1,000 since 2010.

Wealth screening, part of our new systematized approach to events, demonstrated that this couple was still very capable of making a significant gift to AAMC. During our Moves B planning meeting, we determined that Director of Giving Margo Cook was the best person to be "assigned" to the Pucinis at this event for the following reasons:

- As past major donors, they would want the attention of senior foundation leadership.
- The Pucinis are very proud and vocal about their Italian heritage. Cook's maiden name is Ambrosetti and she comes from a strong Italian family.

Cook followed her assignment at the event perfectly, noting that Mr. Pucini is the "face" of the family—very charming and engaging. However, Mrs. Pucini showed subtle signs of annoyance at being discounted as the secondary partner. At the end of the event, Mr. Pucini committed \$2,500 to support the endowment, well below their potential. Under our former way of managing cultivation events, we would have considered this a "win" as a new gift and moved on. Instead, our new system yielded much greater results.

Having grown up understanding the powerful behind-thescenes role of strong Italian women, Cook invited Mrs. Pucini to lunch to thank her for the couple's gift. At the lunch, Mrs. Pucini expressed appreciation that Cook had reached out to her. She commented that people always court Mr. Pucini, not realizing that Mrs. Pucini makes the giving decisions. By the end of the lunch, Mrs. Pucini made a commitment for a \$50,000 gift to support AAMC's cardiovascular program.

Had we not employed our new approach of conducting thorough research on event guests—making strategic designated assignments, setting specific goals, analyzing the data and consistently following up—we would have settled for a \$2,500 gift rather than achieving \$52,500 in total support. This approach also allowed us to re-engage this couple in a more meaningful and lasting way.

identified as strong major gift prospects.

- Determine which giving officer is assigned to each target guest (based on background, expertise, interests, etc.). For example, each giving officer may be assigned three specific people to seek out and meet at the event—and even if they talk with many others, those three are top priority.
- Brainstorm about the right approach for finding and engaging each prospect during the event.

From this meeting, we are able to calculate metrics for our success at past events and determine target goals for the upcoming event, including the expected volume of gifts.

Metrics for calculating ROI

Now we have a seamless chain of activity before, during and after each event to increase our conversion ratio from guest to active donor. However, we also need standards of measurement (metrics) for quantifying our success and

Success Rate for Converting Event Guests Into New Donors

	AAMC Gala	Other AAMC Fundraising Events
Before new system	0.5%	5%
In first year of new system	5%	30%

calculating our return on investment (ROI). In the last five to 10 years, metrics have truly come to the forefront of our profession as we've recognized that you can't analyze what you can't measure. The key metrics we employ for determining event ROI include the following:

- Number of new donors to the event—people who have not given money to AAMC before attending this event.
- Number of new major gift prospects to the event—people who have not made a major gift (although they may have supported the hospital in other ways in the past, such as buying event tickets or donating smaller amounts).
- Number of prospects assigned to each giving officer.

 Team and individual conversion ratios—success rate in converting guests into donors.

Because we are in the first year of our new system, we are still gathering and analyzing data. However, early statistics show the results in the chart above.

By marrying a comprehensive Moves system with key metrics, we now have a formalized and strategic approach for cultivating guests and transitioning them into major donors. We no longer work in an opportunistic, random way.

Over time, our metrics and the trends they illustrate will enable us to more accurately predict the ROI of an event—so we can better determine, in a world of limited resources and staffing, which events are most productive. And our operationalized system will potentially mean millions of dollars for our foundation over the next decade. 🔤





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years to come.



Jan Wood, CFRE, is president of the Anne Arundel Medical Center Foundation and chief development officer for Anne Arundel Health System. She is

responsible for the foundation's dayto-day operations, as well as its strategic planning and programmatic goals. She also is responsible for the hospital's 20,000-square-foot conference center, more than 700 volunteers and all campus retail. Wood, who joined the foundation in 2010, formerly owned a strategic marketing and development consulting firm in Annapolis.



Overcoming barriers to physician engagement

Five keys for developing an effective referral-based philanthropy system

ost articles about physician engagement either focus on the process or capture a tale of, "Here's how we did it." We decided to examine a different perspective by asking the question, "Why is it so difficult to engage physicians in fundraising?"

The University of Texas MD Anderson Cancer Center in Houston raises more than \$250 million per year, with giving by patients and families accounting for more than 85 percent of our philanthropic dollars. As development professionals know, powerful emotions such as gratitude are important motivators in deciding to donate funds-and physician engagement is often key to maximizing "grateful patient" philanthropy. Yet physicians tend to resist becoming involved in fundraising. And few development professionals really understand why.

By "physician engagement" we refer to physicians who are:

- Eager to refer patients to development professionals for philanthropic conversations.
- Willing to meet and engage with patients and families to discuss their experiences and their desires to become philanthropically involved.

Training builds understanding

The MD Anderson development office has a staff of 150, with five full-time employees in physician engagement. But we weren't always this large. Over the years we have grown, overcome barriers and learned lessons that any size organization can use. Advancement Resources, a professional education firm, first started conducting workshops for MD Anderson in 2007 to teach development professionals how to work more effectively with both donors and physicians—and to educate physicians about the benefits of getting involved in philanthropy. The firm's expertise and training programs are built on years of internal data collection, including research among 2,850 physicians.

It's certainly no surprise to

development professionals that physicians are often reluctant to talk about philanthropy with patients and families. If you ask them why, their reasons include ethical concerns, time constraints, fear of harming the physician—patient relationship, general lack of knowledge about philanthropy and no clear understanding of the role they could play.

MD Anderson has more than 1,500 physicians; we often refer to them as "faculty" for the multiple roles they play. Our physician engagement education program involves training sessions for the development team and workshops for faculty, as well as videos of real patients discussing what their doctors mean to them, the value of being able to say thank you in a tangible form and how donating helps them feel "in control" again.

So far, more than 300 faculty have gone through the program. Without help understanding the patient perspective—and coaching on how to respond in a productive way—physicians are likely to respond to patients' thank yous with door-closing words such as, "It's my job," or, "Think nothing more of it."

From resistance to cooperation

Based on lessons learned over the years, we piloted a new 16-hour workshop in 2014 to further the team's grasp of physicians' resistance and improve working relationships. Says Diane Chuoke, director of philanthropic resources and leader of MD Anderson's physician engagement program, "Truly understanding how physicians see the world and applying this understanding to building better relationships with them has enabled us to achieve a higher level of physician engagement."

One physician who moved

from resistance to cooperation is Jay Bakul Shah, M.D., assistant professor of urology at MD Anderson. "I had many of the same trepidations all physicians experience because I didn't want to ask my patients for money," he explains. "Understanding that I didn't have to ask—that, in fact, in almost every situation, it would be unethical to do so—changed everything. I learned what to say to patients and family members who express gratitude or indicate some desire to be engaged in the battle against cancer."

Shah notes that shortly after he attended a physician workshop, "a couple expressed a lot of interest in our work—interest beyond just [the patient's] own treatment. I felt comfortable saying, 'If you'd like to learn more about my research, I can arrange for you to receive some information.' That became a magical moment."

Recalling the same moment, Shah's patient says, "We were so impressed with the care we received at MD Anderson that our family discussed how blessed we felt that I was Dr. Shah's patient." When Shah offered the opportunity to learn about his research, "We were thrilled to hear about his dreams for the future. It didn't take long for us to know we wanted to be a part of it—and to us that meant a philanthropic contribution."

Five ideas for overcoming physician resistance

Working together, MD Anderson and Advancement Resources came to understand that the following five factors must be understood and acted upon to engage physicians in an effective referral-based philanthropy system.

Factor 1: Understand physician stress. According to a physician who has transitioned to a development



Truly understanding how physicians see the world and applying this understanding to building better relationships has enabled us to achieve a higher level of physician engagement.

role at a major university, "It is impossible to overestimate the degree to which physicians today feel embattled, exhausted, overwhelmed and beleaguered." Consider this typical scenario for a physician's life:

- Decides at around age 10 to become a physician.
- Makes tremendous sacrifices for the next two or three decades through high school, college, medical school and residency. Lives a life that is highly focused, modest, high-pressure and sleepdeprived—all to begin practice while being perhaps \$100,000 or more in debt.
- Is stunned by how different the "real world" of practicing medicine is compared to the dreams that led the physician into the field in the first place—including bureaucracy, clinical demand to see more

- patients per hour, record-keeping, insurance hassles, administrative pressures, etc.—on top of the immense pressure of practicing medicine itself. The days are long. The work is exhausting.
- Often feels, amid the rush of getting it all done, that something is being shortchanged—quality, face-to-face patient time for an extra probing question, the moment of inspiration or the breakthrough diagnosis that makes all the difference.

According to Ethan Dmitrovsky, M.D., provost and executive vice president at MD Anderson, "Development professionals need to recognize that physicians in today's world are under tremendous stress—and what keeps many of them going is the reward from a great physician—

patient relationship. Physicians do not want to do anything that will damage that relationship."

Factor 2: Develop a working relationship. Workshops for physicians can be critical steps in beginning the process of physician engagement. But workshops alone seldom result in significant or ongoing physician referrals and willingness to work closely with development professionals.

Post-workshop meetings with physicians are key to building strong relationships. "We meet with every faculty member as soon as possible after each workshop," Chuoke explains. "Sometimes they are ready to talk about patients they would like to refer to us and they just want to learn how to do that in an ethical and appropriate way." More often, though, physicians have questions about how development will work with their patients—in which case the development officer must seek to understand their views and make them comfortable. "We see it as our job to adapt to them as opposed to trying to force them into a one-size-fits-all model of faculty engagement."

Unfortunately, many physicians' past experiences with development personnel have been less than positive. According to surveys, focus groups and individual interviews with physicians conducted by Advancement Resources, physicians cite high turnover among development professionals as highest on their list of negative experiences. Other negative factors for physicians include the following:

- Mishandled referrals.
- Lack of communication and follow-through.
- Little respect for the physician's time
- Lack of interest in the physician's work.



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Furthermore, development officers sometimes say things that undermine their own professionalism. For example, to physicians, becoming a professional means relentless education, enormous debt, tremendous sacrifice and laser focus on goals. You must have an appropriate response ready when a physician asks, "So, how did you get into development?" (Hint: It's not,

work on your part, will become truly engaged. When prioritizing physicians to target for engagement, focus on those who:

- Have shown an interest in development.
- Have already had some success in philanthropy.
- Work in an area with readily identifiable funding priorities.
 They may be conducting key research, working in a facility that

regarding patients they have referred.

Factor 4: Send the right message all the time, in every way. Most development professionals know there is a wide spectrum of donor motivators and donor experiences (from "ought to" to "deeply meaningful") and that meaningful contributions are based on life-changing experiences.

Physicians, however, seldom donate on the right end of the continuum and tend not to understand the joy donors get from making deeply meaningful contributions. Instead, physicians are regularly solicited for "ought to" contributions by their undergraduate colleges, graduate institutions and community organizations via telephone, mail and email. No wonder physicians' understanding of philanthropy is based on transactional, often uncomfortable, solicitations!

"Part of patient-centered care is keeping my patients protected from those development people," said a physician at a West Coast hospital during a recent research interview. When asked why he believed that, he responded that development personnel regularly solicit him for gifts to the hospital's physician giving campaign and it makes him uncomfortable. He finds development personnel "pushy" as they try to convince him that giving is an obligation.

development personnel "pushy" as they try to convince him that giving is an obligation.

Factor 5: Never put physicians in embarrassing positions with patients. The physician–patient relationship is "a precious thing," says one physician. "It's what keeps most physicians going during tough times." Development professionals must understand this sentiment

and recognize that physicians will

"Understanding that I didn't have to ask—that, in fact, in almost every situation, it would be unethical to do so—changed everything. I learned what to say to patients and family members who express gratitude or indicate some desire to be engaged in the battle against cancer."

—Jay Bakul Shah, M.D., assistant professor of urology, University of Texas MD Anderson Cancer Center

"Well, I just sorta fell into it.") You should be prepared to talk about the meaning you experience in your work and the inspiration you receive from helping patients find ways to express gratitude.

Factor 3: Be realistic about physician engagement goals.

Despite your best efforts, many physicians will never become your development partners. That's okay. Find the ones who, with proper needs equipment or upgrades, or launching a program that will provide better patient care in the future.

Also consider your development operation's capacity to engage physicians. To build strong working relationships, you need time for:

- One-on-one meetings with physicians.
- Rapid response to referrals.
- Progress updates to physicians

naturally resist any activity they perceive may damage their sacred relationship or cause embarrassment. Physicians need good, solid answers to the question, "What is development going to do to my patient?"

For example, imagine you are a physician who has referred a patient to development, but you hear nothing back. The next time your patient is in the clinic, she mentions the wonderful meeting she had with the development professional and the contribution they are working on together. Yet you know nothing about it. How would you feel?

A team effort

Like so many things in medicine, fundraising is a team effort with physicians and development professionals the key players. "The best outcomes occur when all team members understand their roles, respect one another and know how to interact with one another," says one physician who also is dean of a college of medicine.

As development professionals working with physicians, we are responsible for understanding them and their views before we can earn their respect and partner with physicians effectively.



Michael Delzotti, CFRE, CSPG, formerly with MD Anderson, is president and chief executive officer at the University of Kentucky Markey Cancer Foundation.

He also is a member of the AFP International Board and chairman of the AFP Political Action Committee



Joe K. Golding is chairman and chief executive officer of **Advancement** Resources. Since 1999, he also has led the Advancement

Resources research team that searches for breakthrough concepts in philanthropy.

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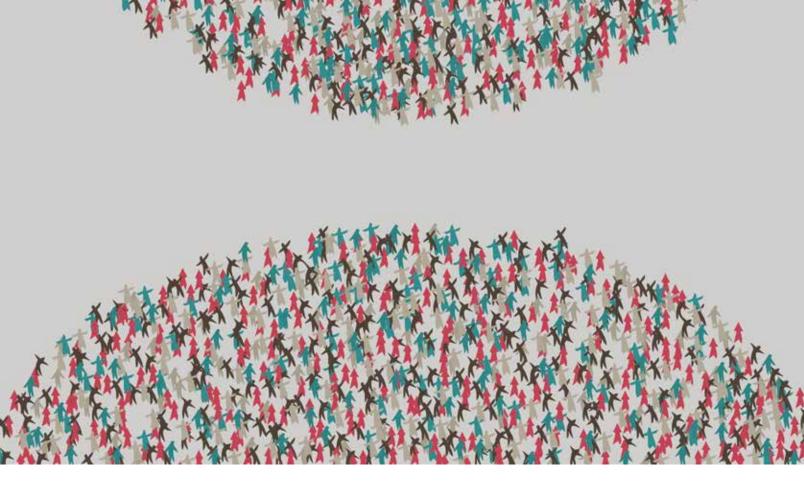


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What the aging population means for health care and philanthropy

Performance improvements can spark innovation and help avert a crisis

uring a strategic planning session with board members, executives, donors and patients, a participant on my left—a cancer survivor and seven-figure donor—made an impassioned plea for rethinking how patients navigate the health system. Although her treatment was clinically successful, she was dismayed by poor communication, uncoordinated care and other issues that affected her personal experience. Why couldn't the health system take a more innovative approach to cancer care, she asked? A hospital chief executive officer (CEO) to my right emphatically agreed, but also lamented, "Innovation takes money, and we're struggling to simply make budget!"



Innovation will be essential as baby boomers—roughly 76 million in the United States and 8 million in Canada—reach retirement age. The dilemma is how to pay for it. Philanthropy holds the key, but not philanthropy as we know it today.

In those few words, he made a powerful argument for why performance improvement principles must be applied to fundraising.

Innovation will be essential as baby boomers—roughly 76 million in the United States and 8 million in Canada—reach retirement age. The dilemma is how to pay for it. Philanthropy holds the key, but not philanthropy as we know it today.

A crisis looms

In his luncheon speech at the 2015 AHP Annual International Conference in Orlando, Fla., Ken Gronbach—a demographer, futurist and author of *The Age Curve: How To Profit From the Coming Demographic Storm*—pointed out that shifting demography is moving health care closer and closer to an unprecedented crisis.

Baby boomers (born 1946 to 1964) are the largest generation in U.S. history, with more than 4 million births per year from 1957 to 1964.¹ Canada's boomer bubble parallels that of the U.S.² The very top of the boomer birth bubble—people ages 52 to 59 who are at their most productive earning and taxpaying years—will move into retirement at the same time Generation X (born 1965 to 1984) will cover the bulk of

The need for innovation provides the opportunity for a powerful new case for giving, in which investor philanthropists donate to a cause that will bring about fundamental change.

the tax burden. However, because of lower birth rates, Generation X has far fewer people than baby boomers. So how can it succeed in paying for the nation's needs?

A tsunami will hit the health care system in 2020, Gronbach explained, as the number of Medicare patients spikes upward and tax revenues drop. Current workers pay for current Medicare beneficiaries—and as the employee pool shrinks, scarcer funds will need to cover more retirees. Furthermore, people begin to require more health care at age 75. The oldest baby boomers are now 71. Their worsening health will make care even more costly.

Generation X will not be able to foot the bill, so the health care industry will be saddled with figuring out how to do much more for much less.

Gronbach noted that in 1960, the United States spent 5.2 percent and Canada spent 5.5 percent of gross domestic product (GDP) on health care. By 2014, health spending as a share of GDP reached 18.7 percent for the U.S. and 11 percent for Canada. North America now spends more on health care than it does on food.

In *Inc.* magazine's CEO survey in September 2015, respondents put health care at the top of five sectors ripe for disruption. "It's hard not to see the potential," the article said. "Americans spent \$2.9 trillion on health care in 2013. How many people do you know who are happy

with what they get for their portion of that figure?"³

"Disruption" in this context refers to a process in which existing businesses are challenged by new technologies, products or services. "Disruptive innovation," a term coined by Harvard Professor Clayton Christensen, occurs when new entrants to a market—not encumbered by inertia—are able to innovate and gain advantage over the established competition.⁴ Examples of disruptive innovation in the general marketplace include the Apple iPod, which transformed how music is distributed; online courses in higher education; and Internet banking. Typically, disruptive innovations are simpler, smaller, less expensive and more convenient.5

The ideal would be for health care to reinvent itself before outside forces introduce disruptive innovations. Most hospitals today have performance improvement programs of some kind. Unfortunately, only about 25 hospitals or health systems in the U.S. have established true innovation programs to pursue transformative redesign of today's delivery systems. Examples include an innovation lab for health care improvement at Orlando-based Florida Hospital and an innovation hub at Brigham and Women's Hospital in Boston to advance the patient care ideas of clinicians, scientists and employees.6

These efforts are to be applauded—but they are not enough. Wholesale change is

needed. Other than vision, the barrier is money. As the CEO in my recent strategic planning session pointed out, the typical hospital operating margin isn't sufficient to fund the radical health care system redesign necessary to cope with tomorrow's crisis.

Today's health care business models depend on fee-for-service revenues. Reducing volume (and increasing value) cuts into profits. So how can providers fund innovation efforts, despite short-term financial pain, and redesign health care for long-range success?

Enter philanthropy

Philanthropy can be a key part of the solution, but only if development teams work to their potential.

Our observation at Performance Advantage is that hospitals and health systems are not even close to reaching market limitations on health care philanthropy. The constraints are principally internal. As Gronbach told AHP members in Orlando, shifting demographics are expanding the market potential for major gift philanthropy to unprecedented levels. A significant percentage of the baby boomer generation has amassed enormous wealth and is reaching the age when legacy becomes a prime concern.

Some fundraising operations are significantly outperforming their peers, as indicated in the latest *AHP Report on Giving*, which reports aggregate data from its annual giving survey and benchmarking

Improve fundraising performance with Lean Six Sigma

The performance improvement principles of "Lean" and "Six Sigma" originated in manufacturing, but they can be used by many industries to reduce waste, increase value and use resources effectively. When applying Lean Six Sigma to fundraising, key strategies include?

- Create a multiyear strategic plan that calls for significant investment in—and return on investment from—philanthropy.
- Focus on major gifts. Within your full program
 of fundraising methods, maximize your major
 gifts program to significantly increase your
 return on investment.
- Define your processes for relationship development. Spell out key steps from first introduction through gift agreement and stewardship, then identify all activities between the steps and determine if any do not bring value and can be cut, automated or reassianed.
- Shorten the solicitation process. Increase throughput and raise more money by reducing the number of prospects in development officers' portfolios, including only solid candidates and shortening the gift acquisition time.
- Develop your information technology and support team infrastructure so it expands the reach and effectiveness of your gift officers.
- Develop stage-gate criteria. Stages are phases in a process; gates are review points between each stage, where tough decisions are made about proceeding, reworking or stopping. Define specific criteria to be met before moving through a gate, so development officers spend time only on top prospects.
- Use high-cost, scarce resources only for high-value work. For example, skilled development officers should focus on cultivating prospects, not on making database entries.
- **Set multiple process measures.** Establish specific criteria to assess how you're doing.
- Measure early and use metrics that correlate with success. Use a measurement system



that helps you see at key points whether you are on track for a positive outcome.

- Maintain a consistent process to eliminate variance. Create a tried-and-true approach to fundraising and gift acquisition that everyone follows, then improve it over time as needed.
- Develop high-volume, point-of-entry
 activities. Generate an abundant flow of
 prospects into the pipeline—for example,
 have board members bring people to
 interesting events that spotlight new initiatives
 or treatments.
- Transform your board, volunteers and the hospital's key executives into a powerful part of your fundraising team by having them operate as "connectors." As described by Malcolm Gladwell in his best-seller The Tipping Point, connectors know lots of people and are in the habit of making introductions.
- Bring philanthropy and donors to the table when determining your organization's future fundraising needs and identify a breakthrough case tied to health care transformation.

service. In fiscal year 2014, the highest performing organizations raised more revenue than other respondents by a factor of six in the U.S. and by a factor of two in Canada. This illustrates the huge gap in performance between a few fundraising organizations that have consistent success and the majority of reporting institutions.⁷

The article "Four critical success factors" in the spring 2014 issue of

organizations—including building a more dynamic and productive major gifts program. They must redeploy staff resources for the most impact and implement other techniques for performance improvement derived from Lean Manufacturing and Six Sigma principles (see sidebar).9

In the few years remaining before the "demographic storm" becomes a tidal wave, philanthropy

are motivated, more than anything else, by a desire to help people. You joined this profession to make a difference. Imagine how much more of a difference you can make by funding breakthrough innovation and being a critical lever that enables your organization to transform itself for the future.

Shifting demographics are expanding the market potential for major gift philanthropy to unprecedented levels. A significant percentage of baby boomers have amassed enormous wealth and are reaching the age when legacy becomes a prime concern.

Healthcare Philanthropy notes that "the most powerful predictor of fundraising success is a foundation's total fundraising expense budget. In other words, the more you spend, the more you make."8 Of course, boosting your performance is not as simple as asking for a bigger budget. The AHP article also cites staff size, staff compensation and emphasis on major gifts as other success factors.

My article "Hope is not a strategy" in the fall 2012 issue of Healthcare Philanthropy argued that leaders must ratchet up performance by fundamentally retooling fundraising

needs to increase revenues to fund the search for innovative solutions that meet future patients' needs.

In fiscal year 2014, AHP member organizations in the U.S. and Canada raised roughly \$11 billion.7 Imagine the research and development funds that philanthropy could contribute to health care innovation if we brought in double that amount, or more? The need for innovation provides the opportunity for a powerful new case for giving, in which investor philanthropists donate to a cause that will bring about fundamental change.

Most health care fundraisers

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Peer-to-Peer

fundraising and crowdfunding in health care philanthropy

How online donation channels raise money while strengthening relationships

have successfully optimized their fundraising opportunities and increased revenues without significantly increasing costs by leveraging the ever-growing popularity of online giving—particularly in the form of crowdfunding and peer-to-peer fundraising.



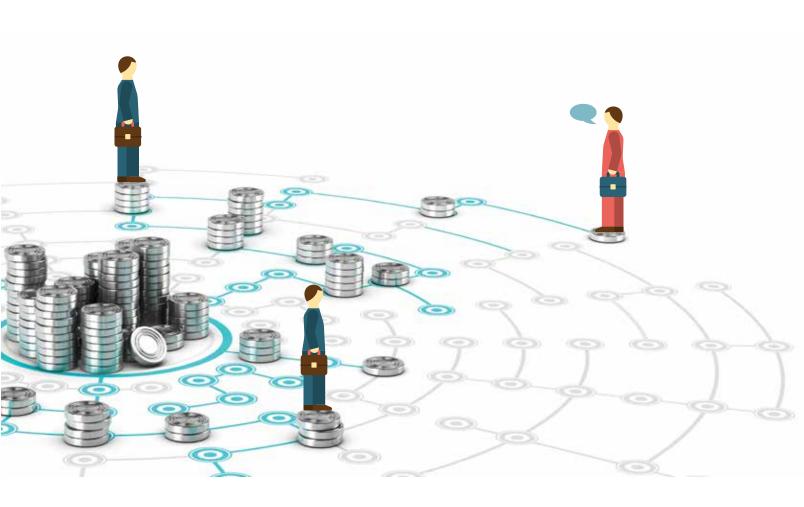
Although traditional revenue channels still dominate charitable giving, online donations have risen steadily in the past decade. Blackbaud's latest *Charitable Giving Report* shows a 9.2 percent increase in online giving to nonprofits from 2014 to 2015. This trend has been driven in no small part by enhanced mobile technology and ever-growing social media engagement among all age groups.

Crowdfunding: Novel or not?

The use of peer-to-peer fundraising and crowdfunding is evolving at nonprofits, so there is often confusion about terminology and application. Although the terms are sometimes used interchangeably, it's important to

distinguish between the two. Miriam Kagan, senior principal at online fundraising company Kimbia, points out that the key difference between the two is the personal network effect. Crowdfunding is a classic, singletier fundraising method; the idea is to get a critical mass of people to donate a relatively small amount—say \$10, \$25 or \$50—toward a common and often time-sensitive goal or project.

In contrast, peer-to-peer fundraising is a multitier approach; the call to action comes from individual fundraisers with personal webpages who ask their network—those close to them—to donate in support of a charitable goal. Peer-to-peer fundraisers are more than



just supporters. They are active advocates who can inspire and motivate others to support the causes about which they are passionate.

Many fundraising experts say that crowdfunding is not a truly innovative fundraising technique. Technology has simply made it easier to match funding needs with people who want to donate.

"Crowdfunding is really another word for fundraising," says Amy Braiterman, consulting manager at Blackbaud. "Although it's a somewhat less traditional means of seeking capital, at the core it's the same thing we've been asking people to do for years—donate money to a cause. The Internet just enables expanded reach."

As crowdfunding has grown in popularity, niche platforms have popped up—some catering exclusively to the health care industry and focusing on

funding innovative products or stateof-the-art treatments. Philanthropic health care organizations can and do set up crowdfunding campaigns around their cause. Two good examples are Possible (crowdfundhealth.org) and Watsi (watsi.org). However, crowdfunding is overwhelmingly used by startups and individuals to fund a business initiative, a new product or a personal need. Motivation is high because their life, their business or their financial future may depend on raising the monetary goal.

In contrast, there often is not the same level of urgency or motivation when people altruistically donate or raise funds for charity. Thus, when a nonprofit seeks to crowdfund a specific project or a new initiative, it is likely to find that a campaign requires a significant investment in time and money to be successful.



According to the Network for Good's 2015 Online Fundraising Report, social fundraising dollars grew 70 percent from 2013 to 2014—with nearly one-third of all online donations made through peer-to-peer platforms.

The power of peer-to-peer **fundraising**

Peer-to-peer fundraising offers several benefits over crowdfunding. Both methods have the ability to drive brand awareness, recruit new donors and raise more money. However, when your supporters deliver a personalized ask on your behalf in peer-to-peer fundraising, it is far more efficient and compelling. Peer-to-peer fundraisers are not only deepening their relationship with your organization, they also are building a community of supporters who are now more likely to engage with your mission.

There is a multiplying effect that exponentially increases the capacity for connection. Peer-to-peer fundraisers make personal appeals to their closest contacts—and those contacts are subsequently encouraged to reach out and share the cause with their closet contacts. It improves the outreach process, putting less of a burden on the nonprofit and ultimately reducing the cost of donor acquisition.

Mobile technology and online multimedia tools make it easier than ever for peer-to-peer fundraisers to connect one-on-one and face-to-face with their contacts. These personal appeals are highly effective and more likely to resonate with potential donors in a way that the nonprofit organization cannot achieve itself.

Another benefit of peer-to-peer fundraising is that organizations

do not have to wait for a major campaign or year-end ask to garner support. Although successful peerto-peer campaigns have a finite monetary goal and timeline, peerto-peer fundraising as a charitable method does not have to be bound by time. It allows a nonprofit to keep an evergreen campaign on its website—ideally providing steady, year-round revenue that nicely supplements other time-based campaigns and events.

Peer-to-peer fundraising is driven by passion

The inclusive, grassroots nature of peer-to-peer fundraising allows regular donors to make a big impact. According to the Network for Good's 2015 Online Fundraising Report, social fundraising dollars grew 70 percent from 2013 to 2014—with nearly one-third of all online donations made through peer-to-peer platforms. Supporters often invest a significant commitment in time and energy as well.

"Great fundraisers are great storytellers," says Simon Lockyer, founder of global fundraising platform Everydayhero. "They have a powerful message and, compared to average fundraisers, they'll share their story twice as often. They never forget to thank the donors who've supported them, either. These people are very goal oriented and fully committed to their cause."

This is an area where crowdfunding and peer-topeer fundraising overlap—the significance of a compelling story cannot be overstated. People are more likely to support causes with a deep personal connection. They tend to give to charitable organizations where they can see the impact of their giving firsthand, in ways that may affect their daily lives.

"At its essence, peer-to-peer

fundraising is driven by people with passion. They are spurred to action because their life has been impacted or changed in some way. They tend to be very grateful to the charity they've chosen to support and want to give back in a meaningful way," adds Lockyer.

Successful campaigns come in all shapes and sizes

Small and large philanthropic health care organizations can find great success with peer-to-peer fundraising. Children's Wish Foundation of Canada was able to more than double the amount raised by its annual corporate pledge event—from about \$45,000 in 2014 to nearly \$120,000 in 2015—simply by using a new peerto-peer platform. The Children's Hospital of Philadelphia (CHOP) Foundation—which has been using peer-to-peer fundraising pages as an evergreen campaign on its website since 2011—raised more than \$100,000 last year from a single donor page.

Meghan Bradner, senior development coordinator at the British Columbia chapter of Children's Wish Foundation of Canada, says her organization was looking to refresh its annual corporate fundraising event, Exile Island, in its sixth year. "We wanted to ramp up enthusiasm and we were looking for more efficient—but still authentic—ways to connect with our corporate fundraisers," she explains.

Bradner found a peer-to-peer platform with a standard model of asking 33 people to give \$3.33 a day for three months. That adds up to \$10,000—a benchmark amount that happens to match the average cost of granting one child's wish.

Children's Wish did not change the event itself, just the technology. They asked each corporate team

to raise \$10,000 and gave them access to the platform about two months prior to the event date. They encouraged fundraisers to use the platform to record personalized, 10-second videos that asked friends and family to pledge support. An embedded tracking feature alerted fundraisers when someone watched their video request. It generated automated text that fundraisers could forward to potential donors, reiterating the ask. On average, the conversion rate was more than 50

"We were overwhelmed by the success," says Bradner. Thirteen of the 18 participating teams met or exceeded their \$10,000 goal. More than 500 donations

were made, totaling \$118,473.74 and enabling Children's Wish to grant 11 wishes. The organization incurred expenses implementing the peer-to-peer platform paying a flat fee for setup and a percentage of every dollar raised (not disclosed). However, since the organization more than doubled its revenue from the previous year, Bradner says the additional cost paid off.

CHOP also has experienced success with peer-to-peer fundraising, which it has had in place for five years. "We started using Fundraising Pages around 2011. Online fundraising was so popular and such an easy way for people to fundraise," says Maureen

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"Raising funds online is not about technology, any more than raising funds through the mail is about paper... People who give online are no different than other donors in that they expect a relationship—not simply a transaction..." This 2011 observation from a Network for Good's The Online Giving Study still holds true today.

The new frontier of online fundraising is here to stay; indeed, there is great value in strategically incorporating online giving tools into a fundraising arsenal. This demands greater efforts, however, to effectively retain donors who often have a "one-off" contribution mentality. As organizations venture into online giving, it is critical that they have a plan to steward and continually engage those donors. "Once a mobile donor, not always a mobile donor" also applies; direct mail and personal appeals have proven to be effective follow up solicitation approaches. And a focused major gift program should never be sacrificed as technologically innovative solicitation strategies are added.

Graham-Pelton Consulting has long been assisting our clients in building a culture of philanthropy and realizing fundraising success with technological advancements. We also firmly believe that securing large commitments with ongoing relationship building will never go out of style in the world of fundraising.





The value of peer-to-peer fundraising is not just in the money raised, but in the power it has to strengthen existing relationships and build new ones.

Mason, director of event fundraising and community partnerships.

"Although the use of Fundraising Pages started off more passively, it's now a vital part of the foundation," adds Mason. "We use it for many of our events. Last year we had a walk that drew around 10,000 participants—about 2,500 of whom created a fundraising page. We benefitted from the additional promotion of the event to an extended network and we definitely raised more revenue."

"We appreciate every dollar raised," says Mason. "We have one family who are avid supporters and are well connected. Every year, they make an ask of their family, friends and business contacts. Last year their page raised more than \$100,000. We also have people whose page may raise \$100 or \$1,000. What's really important is that, regardless of the amount, we're acquiring all these extra names in our database

that we can follow up with. Ideally, they'll opt in to receiving additional information and we can continue to engage them with information they find interesting and relevant."

Develop a solid strategy and infrastructure

Charitable organizations increasingly recognize the opportunities offered by peer-topeer fundraising as they seek to achieve long-term success and build a community of supporters who engage with their mission year round. But before jumping in, reflect on your organization's readiness. Peer-to-peer fundraising is not a passive endeavor. You must have a well-developed strategy and appropriate infrastructure.

"Fundraisers sometimes look at peer-to-peer fundraising and think, 'We will set up a platform or program and it will take care of itself," says Braiterman. "That

may have worked a long time ago, but now everyone is setting up a program. There's so much more competition, and less and less creativity. You can copy a program and put it on autopilot, but don't expect it to be successful. Managing multiple events, chapters and participants can be complex. You still need a solid plan and dedicated resources."

Kagan adds: "Peer-to-peer fundraising is about getting the right message to the people who care most and empowering them to make a difference. Successful campaigns require planning how you are going to reach your target audience, making the case for why people should support your cause and implementing a technology that seamlessly supports conversion once your target audience has been successfully engaged."

Peer-to-Peer Professional Forum has identified more than 100 different kinds of peer-to-peer fundraising campaigns, which tend to fall within three broader categories: independent campaigns, endurance campaigns and proprietary campaigns. Independent campaigns are supporter-led and may include personal challenges, celebration events or memorial fundraisers. Endurance campaigns are challenging events produced by a third party. Proprietary campaigns are events planned and hosted by a charitable organization—such as a run, walk or cycling event; a video game marathon; or an otherwise immersive experience like St. Baldrick's Foundation's headshaving events.

With so many options, how do you choose? Braiterman says you may get more valuable information if you provide campaign flexibility: Give your supporters a few options and then let them choose. By letting donors determine how they wish

to support your organization, you are able to better understand their interests and customize your follow-

In addition to hundreds of types of campaigns, there are myriad platforms from which to choose, so do some research. Consider your organization's unique goals and needs when deciding on a platform. Will it work with your existing systems? Are reports easy to generate, and do they provide the information you need? Get a good handle on fees, including upfront costs and recurring fees. Find out if you will have to pay a percentage of the funds generated, as well as transaction or processing fees.

In addition, make sure you know the rules. Some platforms expressly prohibit raising funds for a charity or cause, while others are explicitly created for this purpose and thoroughly vet organizations to verify their nonprofit status. There are even platforms that don't guarantee you will receive the funds raised on your behalf unless the entire goal is met.

Finally, keep in mind that the platform is going to be your supporters' first touch point with the campaign, so the personal experience is paramount. It needs to be engaging, informative, easy to manage and customizable. Consider the technical aspects that may affect the donors' experience. Is the technology scalable, and does it have the capacity to handle large or unpredictable transaction volumes? Is it optimized for mobile, allowing donors to easily use their smartphones and tablets?

Empower your supporters

You can't approach a crowdfunding or peer-to-peer campaign as a standalone event, nor can you neglect oldfashioned relationship building. You will need dedicated resources to take charge of implementation, support, evaluation and follow-up. Make a plan for how to continually engage your community fundraisers and their supporters.

Community fundraisers will be more successful if they have a strategy. Provide fundraising tips and relevant information about your organization. Advise them that the best campaigns have an attainable goal, a set time frame, a concrete ask and systematic outreach. Encourage them to leverage their networks and share the cause on social media.

With peer-to-peer fundraising you give up control of the message, so it's important to review your fundraisers' published content. However, since people expect online content to go live quickly, it's usually not a good idea to require review before peer-to-peer fundraising pages can be published. CHOP has a staff member who reviews personalized Fundraising Pages daily. As a health care philanthropy expert, she looks for potential patient privacy violations. And if she notices factually inaccurate information or derogatory remarks, she suggests ways to improve content.

Just as with a traditional campaign, sending a note of acknowledgement and thanks to every donor after a campaign is a powerful way to stay connected. Continue to send impact updates and relevant, informative content.

As the peer-to-peer and crowdfunding space becomes more saturated, it can become harder and harder to retain participants. Dedicated community fundraisers who support you year after year may find it difficult to sustain the amount they raise year over year. It's important to recognize and combat donor apathy. You may consider keeping top community fundraisers motivated by inviting them to mentor new fundraisers.

Keep in mind that the value of peer-to-peer fundraising is not just in the money raised, but in the power it has to strengthen existing relationships and build new ones.

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Launching a **grandparents fund**

Study baby boomers' surprising giving trends to implement a targeted giving program

hey say there is no love like a grandparent's love. That was true for me as a child, when I helped my grandmother bake cinnamon rolls in her warm kitchen and sneaked fingersfull of gooey icing when she wasn't looking. It was true when my grandfather taught me to catch glistening widemouth bass on a summer Sunday on the lake, my morning hymns forgotten and my scratchy dress traded for faded blue cotton overalls.

And it's true for me now, though my grandparents are a sepia-toned photograph on a crowded mantle. I'm reminded how true it is every time I read the messages grandparents lovingly hunt-and-peck into our hospital's web forms in honor of their own dear grandchildren.

So many grandparents have an

endless font of love for their children and grandchildren. And we—fundraisers tasked with bolstering groundbreaking research and lifesaving clinical programs for world-class hospitals—have an endless need for the tangible resources love can provide.

At the Children's Hospital of Philadelphia (CHOP) Foundation, we



decided to explore the practical benefits we might reap from grandparents' generosity, lifetime experiences and unconditional love.

Research on grandparents' habits

At CHOP, we knew that grandparents were among our most dedicated and generous supporters. In the past five years, CHOP received nearly \$65 million from patient family grandparents—including a \$50 million gift that equals the largest in CHOP's history. But we had no specific means of identifying and cultivating grandparents as potential new donors on a broad scale. So, in the fall of 2014, we started our homework to launch a Grandparents Fund.

We began by looking at how grandparents tend to participate in the digital and philanthropic landscape. Much of our research was conducted by a talented intern who works with me on direct marketing—a team that recently grew from two to three people. Overall, the CHOP Foundation has a staff of 75.

We primarily used research from Blackbaud, the Association for Healthcare Philanthropy (AHP) and the Council for Advancement and Support of Education (CASE) to locate statistics and trends related to the generations most likely to be grandparents: baby boomers or "boomers" (born 1946 to 1964) and matures (born 1945 or earlier). Here's what we found:

1. Grandparents give. A lot. Although they make up 52 percent of the overall donor base, they give 69 percent of all donations. In 2013, of \$143.6 billion in estimated annual philanthropic contributions, boomers (age 49 to 67 in 2013) represented 34 percent of the donor base and donated an estimated \$61.8 billion—or 43 percent of total donations. Matures (age 68 and older in 2013)

represented 18 percent of the donor base and donated an estimated \$36.3 billion—or 26 percent of total donations.1

In addition, 19 percent of boomers and 23 percent of matures consider health charities to be a priority cause, and 22 percent of boomers and 20 percent of matures consider children's charities a top priority. According to a Colorado study from 2012, boomers and matures are more likely to support basic needs causes and religious organizations.² This study found that approximately 43 percent of boomers and 51 percent of matures support health/medical causes, and about 45 percent of boomers and 36 percent of matures support youth services (see Table 1).

One study based in the United Kingdom found that, beyond age, earlier birth years correlate with higher donation rates. That is, 50-year-olds born in 1930 were more likely to donate than 50-yearolds born in 1940.3

2. Grandparents are highly **engaged online.** As shown in Table 2, many older people use social media, especially Facebook.4 In fact, people over age 60 spend more than

Table 2. Percentage of Grandparents Using Social Media

Social Media	Boomers		Matures		
	2013	2014	2013	2014	
Facebook	60%	63%	45%	56%	
Twitter	9%	12%	5%	10%	
Instagram	6%	11%	1%	6%	
Pinterest	14%	27%	9%	17%	
LinkedIn	24%	30%	13%	21%	

Source: Social Media Update 2014, Pew Research Center.

half an hour on Facebook each day (see Table 3).5

Reasons that boomers use Facebook include to keep in touch with current friends (57 percent) and to reconnect with old friends (42 percent). Matures say they are on Facebook to stay in touch with current friends (45 percent), to reconnect with old friends (30 percent) and to connect with others with similar interests (18 percent). When looking at gender differences, 55 percent of males and 72 percent of females cite keeping in touch with family as a main motivator for being on social media—a statistic that does not differ greatly based on age.6

3. Grandparents also give online. In 2013, 42 percent of boomers reported donating online, while 40 percent said they donate via direct mail. A surprising 27 percent of matures said they give online, while 57 percent said they give via direct mail.1

Table 1. Basic Snapshot of Grandparent Giving*

	Birth Year	Percentage of Donor Base	Donations	Percentage of All Donations	Percentage Supporting Health/ Medical Causes	Percentage Supporting Youth Services
Boomers	1946- 1964	34%	\$61.8 billion	43%	43%	45%
Matures	1945 or earlier	18%	\$36.3 billion	26%	51%	36%

^{*}Statistics are from 2013 except those in the last two columns, which are from 2012.

Sources: The Next Generation of American Giving by Mark Rover, Blackbaud; Understanding Giving: Across Generations— A Report of the Colorado Generosity Project, Colorado Nonprofit Association.

Table 3. Time Spent on Social Media for People Age 60 and Above

Social Media	Average Minutes Per Day
Facebook	30.64
Tumblr	13.9
Twitter	13.2
Instagram	9
LinkedIn	9
Snapchat	6
Ello	3

Source: Younger Users Spend More Daily Time on Social Networks, eMarketer.

A survey by an international consulting firm found that 54 percent of donors age 60 and older donated online in 2015, compared to 37 percent in 2010. This makes them just as likely to give online as those under 40. It's also worth noting that 30 percent of donors age 60 and older prefer to give online in response to a direct mail appeal.⁷

Updating and mining our data

Background research complete, we mined our own data to determine how best to reach out to grandparents. We started by looking at the constituents in our database and increasing the number we could positively identify as grandparents in order to review their giving habits. The basic activities in this process included:

- Asking our major gift staff to verify that the people they know to be grandparents are properly flagged in our database.
- Reviewing the results of donor surveys that ask about family ties to CHOP—such as parent, grandparent, neighbor, former patient, etc.—and ensuring that those identified as grandparents are clearly marked in our database.
- Looking for constituents with

- a parent relationship to other constituents who themselves have a parent relationship in our database—thus indicating "grandparent" status.
- Distinguishing grandparents tied to patient families versus grandparents not associated with patients (but who may wish to support worthwhile children's charities).
- Painstakingly searching for indications of grandparenthood in the thousands of messages we've collected from years of offline and online engagement campaigns. Basically, we downloaded these messages into a spreadsheet and searched for the word "grand" to find people who mentioned that they are grandparents or have grandchildren—whether they are donors or not.
- Researching which programs and initiatives grandparents currently giving to CHOP choose to support.
- Reviewing the channels through which our grandparents give, as well as how often, how much and in what ways they give.

These steps resulted in a cleansed database with clearly identified grandparents. In the process, we

also discovered that CHOP donors over age 60 are more likely to give in response to direct marketing and to send their donations by mail rather than online.

Launch and future plans

In spring 2015, this work culminated in the establishment of our Grandparents Fund. Based on the findings of our research, the fund supports our Child Life, Education and Creative Arts Therapy program. Staffed by specially trained art, music and play therapists, this program provides a crucial outlet for children coping with difficult or painful procedures and for families coming to terms with complex diagnoses. The tagline we created for the fund is, "There is no love like a grandparent's love."

Our soft launch last spring, aimed at the grandparents among our patient families, involved the following:

- Designing a banner that flew in our main hospital atrium for two months, introducing the Grandparents Fund and providing a web address to learn more.
- Creating a microsite with information about the fund: www. chop.edu/giving/grandparents-fund.
- · Developing and distributing brochures with courtesy reply envelopes across our main campus and satellite facilities that describe the Grandparents Fund. Within the brochure, we included quotes we had gathered from grandparents, patients and CHOP caregivers.

In the fall of 2015, armed with our knowledge of grandparents' online engagement and giving habits, we launched an email campaign and special microsite to coincide with National Grandparents' Day. We segmented our audience and tailored our

messaging so that grandparents were asked to give directly and all others were asked to give in honor of their own grandparents.

Because the Grandparents Fund initiative is so new—more like a pilot program at this point—we have few statistics to report. However, we believe we've made a promising start to a program that will build long-term appeal.

to our Grandparents Fund totaled \$6,035.

After each appeal, we speak personally with donors to say thank you and learn what motivated them to give to the fund. In this way, we hope to refine our messaging and improve our outreach.

Our future plans include:

 Additional email appeals in which we will test various messages.

At CHOP, we knew that grandparents were among our most dedicated and generous supporters. In the past five years, CHOP received nearly \$65 million from patient family grandparents—including a \$50 million gift that equals the largest in CHOP's history.

In spring 2015, we received several first-time gifts of \$350 and \$500 from grandparents who saw the banner in our atrium. We also received a number of smaller gifts in the \$25 to \$100 range from grandparents who read our brochures. In fall 2015, we received a flurry of gifts in response to our email campaign, including \$250 from a grandparent and \$100 from a grateful granddaughter who allocated \$25 in honor of each of her four grandparents. As of April 2016, the amount donated

- A direct mail appeal.
- Targeted web advertisements, possibly on Facebook or on websites frequented by grandparents.
- Potential partnerships with organizations for grandparents.
- A council made up of grateful grandparents who volunteer their time to represent CHOP, organize fundraising events and lend their names, knowledge and expertise to our outreach efforts.

Ultimately, the best way to

engage grandparents may be the way in which they so often engage with us and with the world—with hope, compassion, respect and gratitude.

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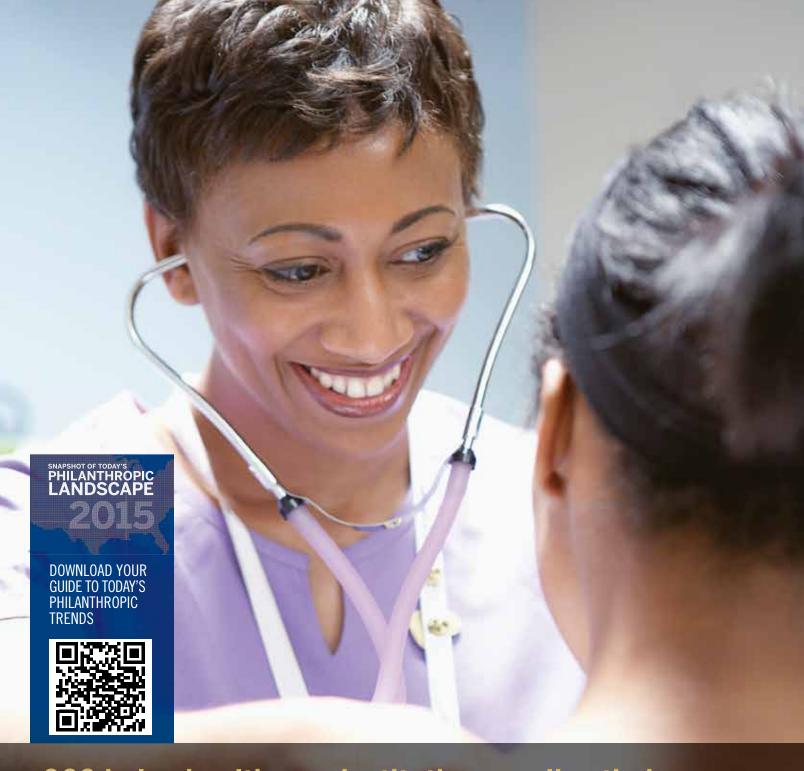
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